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March 12, 2007

DEPARTMENT OF ENERGY
OFFICE OF HEARINGS AND APPEALS

Hearing Officer's Decision

Name of Case: **Personnel Security Hearing**

Date of Filing: **October 12, 2006**

Case Number: **TSO-0448**

This Decision considers the eligibility of XXXXXXX XXXXXXX (hereinafter referred to as "the individual") to hold an access authorization under the regulations set forth at 10 C.F.R. Part 710, entitled "Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material." As explained below, it is my decision that the individual should not be granted an access authorization at this time.

I. *BACKGROUND*

The individual is an employee of a Department of Energy (DOE) contractor, and is an applicant for a DOE access authorization. At a March 2006 Personnel Security Interview (the 2006 PSI), the individual admitted to being diagnosed and treated for mental conditions beginning in the 1990's. The individual was evaluated in June 2006 by a DOE-consultant psychiatrist (the DOE-consultant psychiatrist), who issued a report containing his conclusions and observations).

In August 2006, the Manager for Personnel Security of the DOE area office where the individual is employed (the Manager) issued a Notification Letter to the individual. In this letter, the Manager states that the individual has an illness or mental condition that causes, or may cause, a significant defect in her judgment or reliability, and that has raised a security concern under Section 710.8(h) (Criterion (h)) of the regulations governing eligibility for access to classified material. With respect to Criterion (h), the Manager finds that a DOE-consultant clinical psychiatrist diagnosed the individual with Major Depression, recurrent, in

partial remission; Borderline Personality Disorder Traits; and Possible psychomotor seizures Graves' disease (hypothyroidism), treated, that are set forth in the *Diagnostic and Statistical Manual of the American Psychiatric Association, IVth Edition (DSM-IV TR)*. The DOE-consultant psychiatrist concluded that these illnesses or mental conditions have caused significant defects in her judgment or reliability in the past, and are likely to do so in the future.

In the Notification Letter, the Manager also refers to the following medical incidents and treatment involving the individual:

> (l) On December 16, 2005, she was hospitalized after taking an overdose of 20 tablets of Valium in an attempted suicide;
>
> (2) On December 21, 2001, she was hospitalized because she felt emotional, depressed, and suicidal; and
>
> (3) Since approximately 1995, various medical professionals have treated her for depression, anxiety, Bipolar Disorder, hyperthyroidism, seizure disorder, and attempted suicide. Additionally, she discontinued prescribed medications and psychotherapy on her own in 1997, and after her two suicide attempts in 2001 and 2005.

See Information Creating a Substantial Doubt Regarding Eligibility for Access Authorization attached to August 22, 2006 Notification Letter.

The individual requested a hearing (hereinafter "the Hearing") to respond to the concerns raised in the Notification Letter. The Hearing was convened in January 2007, and at the Hearing, the individual and her expert witnesses did not contest the DOE-consultant psychiatrist's diagnoses. Accordingly, I find that the individual suffers from Major Depression, recurrent, in partial remission; Borderline Personality Disorder Traits; and Possible psychomotor seizures Graves' disease (hypothyroidism), treated, that are subject to Criterion (h). The testimony at the Hearing focused chiefly on the concerns raised by the individual's past pattern of depression and her suicide attempt, and on the individual's efforts to mitigate those concerns through prescribed medication and therapy.

II. *REGULATORY STANDARD*

In order to frame my analysis, I believe that it will be useful to discuss briefly the respective requirements imposed by 10 C.F.R. Part 710 upon the individual and the Hearing Officer. As discussed below, Part 710 clearly places upon the individual the responsibility to bring forth persuasive evidence concerning his eligibility for access authorization, and requires the Hearing Officer to base all findings relevant to this eligibility upon a convincing level of evidence. 10 C.F.R. §§ 710.21(b)(6) and 710.27(b),(c) and (d).

A. *The Individual's Burden of Proof*

It is important to bear in mind that a DOE administrative review proceeding under this Part is not a criminal matter, where the government would have the burden of proving the defendant guilty beyond a reasonable doubt. The standard in this proceeding places the burden of proof on the individual. It is designed to protect national security interests. The hearing is "for the purpose of affording the individual an opportunity of supporting his eligibility for access authorization." 10 C.F.R. § 710.21(b)(6). The individual must come forward at the hearing with evidence to convince the DOE that restoring his access authorization "would not endanger the common defense and security and would be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). *Personnel Security Review (Case No. VSA-0087)*, 26 DOE ¶ 83,001 (1996); *Personnel Security Hearing (Case No. VSO-0061)*, 25 DOE ¶ 82,791 (1996), *aff'd*, *Personnel Security Review (VSA-0061)*, 25 DOE ¶ 83,015 (1996). The individual therefore is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The regulations at Part 710 are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. 10 C.F.R. § 710.26(h). Thus, by regulation and through our own case law, an individual is afforded the utmost latitude in the presentation of evidence which could mitigate security concerns.

Nevertheless, the evidentiary burden for the individual is not an easy one to sustain. The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for the granting of security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*,

913 F.2d 1399, 1403 (9th Cir. 1990), *cert. denied*, 499 U.S. 905 (1991) (strong presumption against the issuance of a security clearance). Consequently, it is necessary and appropriate to place the burden of persuasion on the individual in cases involving national security issues. In addition to his own testimony, we generally expect the individual in these cases to bring forward witness testimony and/or other evidence which, taken together, is sufficient to persuade the Hearing Officer that restoring access authorization is clearly consistent with the national interest. *Personnel Security Hearing (Case No. VSO-0002)*, 24 DOE ¶ 82,752 (1995); *Personnel Security Hearing (Case No. VSO-0038)*, 25 DOE ¶ 82,769 (1995) (individual failed to meet his burden of coming forward with evidence to show that he was rehabilitated and reformed from alcohol dependence).

B. *Basis for the Hearing Officer's Decision*

In personnel security cases under Part 710, it is my role as the Hearing Officer to issue a decision as to whether granting an access authorization would not endanger the common defense and security and would be clearly consistent with the national interest. 10 C.F.R. § 710.27(a). Part 710 generally provides that "[t]he decision as to access authorization is a comprehensive, common-sense judgment, made after consideration of all relevant information, favorable and unfavorable, as to whether the granting or continuation of access authorization will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). I must examine the evidence in light of these requirements, and assess the credibility and demeanor of the witnesses who gave testimony at the hearing.

III. *HEARING TESTIMONY*

At the Hearing, testimony was received from nine persons. The DOE presented the testimony of the DOE-consultant psychiatrist. The individual, who was not represented by counsel, testified and presented the testimony of her psychiatrist, her physician, her husband, her mother, her sister, and two co-workers. 1/

1/ As indicated by the testimony of the DOE-consultant psychiatrist (TR at 9-10) and by his curriculum vitae (DOE Exhibit 4), he clearly qualifies as an expert witness in the area of psychiatric assessment. The testimony of the individual's psychiatrist indicates that he is board certified

(continued...)

A. *The DOE-Consultant Psychiatrist*

The DOE-consultant psychiatrist testified that in June 2006 he evaluated the individual for mental disorders. The DOE-consultant psychiatrist concluded that the individual had a number of significant clinical problems that could affect her judgment and reliability. Hearing Transcript (TR) at 12. He stated that he ascertained that she suffered from recurrent severe depression, on one occasion to the point of attempting suicide. TR at 13.

> **In her case she did attempt suicide, which can be problematic. I've had patients or subjects I've evaluated where when they're severely depressed they've done suicidal attempts, even at work. So if you're suicidal and you no longer value your own life, often it can be a problem in terms of affecting your judgment and reliability.**

TR at 13-14. He stated that the treatment of her severe depression was complicated by other aspects of her diagnosis. He stated that borderline personality traits involve instability in interpersonal relationships, self-image and affects, and marked impulsivity. TR at 16. He stated that the individual's past behavior indicated borderline personality traits that could affect her judgment and reliability. He testified that she was arrested for DWI, she was arrested for assault, she attempted suicide, and she had difficulties with a couple of her relationships at work. TR at 16-17. He stated that she also reported having occasional "partial seizures or psychomotor seizures" and has been taking medication for these seizures. He stated that these multiple problems made it difficult to diagnose and treat her symptoms. TR at 20. He testified that in her discussion with him, he believed that she did not take sufficient responsibility for her mental condition and treatment. TR at 23-24.

At the Hearing, the DOE-consultant psychiatrist testified that in order for the individual to improve her prognosis, she should see a psychiatrist to get her diagnoses more firmly sorted out and treated. He stated that she should be tested for her possible psychomotor seizure disorder and receive the proper medication if necessary. He stated that her personality disorder traits can be

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1/(...continued)
and has practiced for about seven years. TR at 63. I find that he also qualifies as an expert witness on psychiatric issues.

treated with ongoing psychotherapy, and the recurrent depression can be treated with ongoing psychotherapy and antidepressant medications. TR at 24-26. 2/

The DOE-consultant psychiatrist testified that he would recommend that the individual have weekly psychotherapy for a year or so, and then establish a good partnership with a therapist who would be available for crisis counseling in subsequent years. TR at 29.

Following the testimony of the other witnesses, the DOE-consultant psychiatrist stated that he had both negative and positive observations. He testified that the individual seemed more depressed than when he interviewed her in June 2006, although he acknowledged that this could be due in part to the winter season, the stress caused by the security hearing, and to the individual having a bad head cold. TR at 129-130. He also stated that the testimony of her mother and sister indicated that the individual was increasingly isolated from them. TR at 127-130.

On the positive side, the DOE-consultant psychiatrist approved of the treatment program that the individual had begun with her psychiatrist.

> I liked very much the treatment plan [that the individual's psychiatrist has] set up. I'm not asked to set up treatment plans but I thought he hit it exactly what I would have recommended too. The changes in the medication that he recommends sounded perfect. I was not impressed with the meds that [the individual was on].

TR at 132. The DOE-consultant psychiatrist stated that the individual made an excellent choice in picking a psychiatrist who "could do both the psychotherapy and the medications together." TR at 133. The DOE-consultant psychiatrist concluded that he believed that a combination of better medications and psychotherapy could have a positive effect on the individual's condition in a year. TR at 133. He did not believe that she had mitigated the concerns raised by her diagnoses at the time of the Hearing.

> . . . it's too soon to tell whether [the treatment plan is] going to have the good effect that I'm hoping it will

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2/ The DOE-consultant psychiatrist added that the individual also has a thyroid problem, Graves Disease, requiring her to take a thyroid hormone supplement, and that this condition is very significant in effecting mood for many people. TR at 28.

> have. She's only had four sessions with her psychiatrist.

TR at 134.

B. *The Individual's Psychiatrist*

The individual's psychiatrist stated that the individual began treatment with him in early November 2006, and that he has had four sessions with her. TR at 64, 67. He stated that he read the DOE-consultant psychiatrist's report after his first session with the individual, and essentially agreed with it.

> When I read his report it resonated with my initial impression of her. And the issues that he brought up as far as diagnosis were consistent with my concerns. And so I felt that he had given as accurate a report as you can give in these kinds of situations, because there are some problems in that the patient here has some difficulty giving a detailed history, and so it's hard to connect things.

TR at 66. He stated that he would "concur with [the DOE-consultant psychiatrist's] conclusions at this point", but that he would prefer not to attempt to diagnose the individual at this time because of this difficulty with her history. TR at 67.

He testified that the individual appeared motivated to seek help with her mental problems partly because of the security clearance issue and partly because she is bothered by them and wants to feel better. He stated that she does not appear to have a great deal of insight into what causes her condition, and that she tends to blame the situation more than she looks at herself. He stated that it will be helpful to her to increase her understanding so that she can gain greater control over her condition. TR at 68.

He stated that he hesitated to set any time from for treatment because "I'm still trying to get to know her better."

> I think if we can get her mood disorder and her anxiety improved it will be easier for her to gain some insight into the relationship between her environment and her reaction to what's going on. . . . . I would say one to two years in terms of alleviating the personality issues if she's really motivated, and we're looking at maybe six to nine months to really fine tune her medical treatment for her mood disorder and her anxiety.

TR at 69. He stated that the risk that she may make another suicide attempt needs to be taken "very seriously" and has to be addressed on an ongoing basis. TR at 70. He stated that she has made all of her appointments "in spite of some weather conditions" and has been candid in their session, and that he believes

> there is a good chance that if that could continue that she could see some progress and some value in therapy.

TR at 71.

He stated that the individual's reliability and good judgment has been affected by her mental condition in the past, and that this could happen again in the future "unless we can do a very thorough intervention" that includes

> continuing ongoing therapy, continued ongoing medical management, and the commitment on her part to follow through with that.

TR at 72. The individual's psychiatrist stated that the individual reported to him that she doesn't have friends and is somewhat of a loner. He testified that he has not met the individual's husband and does not know the degree to which he can provide her with social support. TR at 79-80.

C. *The Individual's Doctor*

The individual's doctor testified that the individual first visited him in February 2001 with a complaint of neck pain. He stated that at that meeting, they discussed her medical history which included major depression, chronic seizure disorder, general anxiety disorder, migraine headaches, and some degree of agoraphobia. TR at 93. He subsequently treated her for hyperthyroidism. TR at 94. He stated that he has been treating her mental issues and physical problems since 2001 with various medications. TR at 93-94. He stated that he has seen her on the average every two to four months. TR at 94. He stated that he reviewed the DOE-consultant psychiatrist's report and agreed that the individual has suffered major, long-term depression, but that in previous years it was masked by her anxiety and hyperthyroidism. TR at 96. He stated that diagnosing borderline personality traits was "out of my realm," but he acknowledged that "she's had a lot of stressors in her life, and adjustment has been an issue along the way." TR at 96.

The individual's doctor stated that he was aware that she had begun to see a psychiatrist but that they had not consulted with each other. TR at 99. He stated that currently he believed that her thyroid and seizure problems had stabilized, and that with respect to that anxiety and depression, he and the psychiatrist would try to adjust medication "to put her in a better place." TR at 100. He stated that with maintenance therapy for her physical and mental conditions and continued counseling to bring out any stress issues and alleviating those issues, he believed that her overall prognosis is good. *Id.*

The individual's doctor stated that he believed that the individual's husband "has been trying to support her in every way he possibly could" but that he did not know what the stability of that relationship is at this point in time. He stated that he does not know of any other family support available to the individual. TR at 100-101. He stated that the individual has been pretty consistent with taking her medications. He added that

> At one point in time when she was very stressed out she did perhaps take too much medication, but since that time I do monitor her medication on a very strict basis.

TR at 101. He stated that he would be happy to work with the individual's psychiatrist in monitoring and adjusting her medications. TR at 104.

D. *The Individual*

The individual began her testimony by stating that she is now seeing her psychiatrist once every week or two weeks depending on his availability. She testified that she realizes that she is depressed and needs assistance.

> I do realize that I am depressed, and I realize I need help, so I'm getting help from a professional that can deal with my depression, give me psychotherapy, help me with my medications, and hopefully get better.

TR at 52. She stated that she disagreed with the DOE-consultant psychiatrist's comment that she was not consistent about taking prescribed medication.

> The reason for me not taking my medication wasn't because I just didn't like taking pills. I really don't, but if I have to, I have to. But [the DOE-consultant psychiatrist] stated that I just stopped taking them, and

> that wasn’t the case. I didn’t have money to see a doctor. So without a doctor you don’t get pills, that’s the way it is.

TR at 52-53.

The individual attributed her severe depression and suicide attempt in 2005 to a very bad work situation that resulted in feelings of hopelessness.

> . . . I was having a really, really hard time with the girl that I worked with. I went through periods of people yelling at me. I went through periods of silent treatment. I went through periods of being belittled. And this was all the time, every day. I didn’t want to get up and come to work anymore because I didn’t want to put myself in that situation.

TR at 54. She stated that in 2005, after eight months in this situation, she began to see her Employee Assistance Program counselor (the EAP counselor)

> I was already pretty much escalated on my depression and just not wanting to come to work anymore. So I talked to him and I told him what was going on. And he gave me some coping skills, talked to me about what I should do, address the problem at it happens, don’t let it build up and fester and bother me.
>
> . . . So when things would get rough I’d go talk to him again, whatever the situation was, I’d talk to him. He’d talk to me, give me some more coping skills, give me more advice.

TR at 55. She stated that she failed in efforts to get her supervisor and her supervisor’s boss to intervene in her work situation or to transfer her to another office. When these efforts clearly failed, she stated that she was overwhelmed by a feeling of hopelessness and attempted suicide. TR at 56-57.

The individual testified that the suicide attempt made her realize that no situation is worth her life, and that she now realizes

> that I can’t control other people, I can only control myself. I can’t control how other people treat me, I can only control myself.

TR at 58. She stated that

> In the past I used to hold a lot of anger inside me because of the way people treated me, and now it's - I really don't put much attention to that anymore. And if it get's to the point where it's really bad, I'm going to leave.

TR at 59. She testified that she still feels depressed and hopes that her newly prescribed medications will help her to feel better when they reach a therapeutic level in her body. *Id.*

She testified that since the December 2005 suicide attempt, she's been put in a less stressful workplace environment, and that this has been very helpful.

> I feel now that I want to come to work. . . . I was in a situation that maybe I caused, I don't know, but it was very stressful. I'm not in that situation anymore, so it's better for me. I feel a lot better. I'm more motivated, and I just feel better.

TR at 116.

The individual testified that her husband always has been supportive and had counseled her to leave her job rather than become depressed by the situation in her workplace. TR at 58, 60. She testified that she does not feel comfortable telling her parents about her depression and related problems, but that she confides in her sister. TR at 90. She stated that her sister and she have had little contact in recent months because her sister works evenings and weekends, making it difficult for them to phone or visit. TR at 113.

The individual testified that she does not believe herself to be a security risk. She does not believe that her judgment is impaired because of her disability.

> I think I'm able to function at a normal level just like anybody else as far as knowing the procedures of security at [the DOE facility]. I wouldn't intentionally or otherwise put our security at risk.

TR at 117.

She testified that she is hopeful that her current medications will make her feel better as time goes on, and that she is committed to

continuing therapy with her psychiatrist. TR at 116-118. She stated that she believes that she has an adequate system of social support. She stated that in a crisis, she could find support from her husband, her psychiatrist, the EAP counselor, her sister, and a close friend who she confides in. She stated that her close friend generally is more available to talk than her sister because of the conflicting work schedules, but that her sister would be available if she were needed. TR at 119.

E. *The Individual's Husband*

The individual's husband testified that he has been married to the individual for more than six years. TR at 32. He stated that in December 2005, he took the individual to the hospital after she took an overdose of medication. He stated that the individual was going through a lot of work related stress, and briefly got into a "desperate depression type mode" when she took the overdose.

> And then I think she realized that wasn't the thing to do, and she let me know what she did, and I took her to the hospital.

TR at 35-36. The individual's husband stated that he was aware that the individual had been seeing her doctor regularly for a few years, and had recently started to see a psychiatrist. TR at 33. He stated that they had discussed getting psychiatric help for some time, but were waiting to see if her problems with depression and anxiety would be resolved through treatment of her thyroid condition. TR at 37-38. He states that since the individual began her new medication, she does not get excited as easily and is generally calmer. TR at 39. He testified that the individual has been "very faithful" in taking her medications, and that he will remind her if she has not emptied her daily pill dispenser. TR at 40-41. He stated that if she had another severe depressive episode, he would attempt to console her

> And if I see that it's severe to the point where I don't feel I can give her the help she needs, I'd take her to the hospital.

TR at 41. He testified that the individual would tell him if she needed medical attention. TR at 41-42. He also stated that she now consumes very little alcohol. TR at 42.

F. *The Individual's Mother*

The individual's mother testified that three years ago she moved about eighty five mile away from the individual and now sees her infrequently. TR at 87. She stated that the individual has supported herself since she was sixteen and that she considers her daughter to be a "pretty responsible" person. TR at 88. She stated that she was aware that the individual had thyroid problems, but was not aware of any other mental or physical conditions. TR at 89.

G. *The Individual's Sister*

The individual's sister testified that she used to visit with the individual on a frequent basis but that in the last year she has only seen the individual about fifteen times. TR at 109. She stated that in the last year the individual's personality has changed and she has been distant from her family. TR at 108. She testified that the individual is difficult to reach because she is "always at home and doesn't have a phone now." She stated that her work schedule does not permit frequent socializing with the individual. TR at 112-113.

The individual's sister stated that she believes that the individual's depression was caused by too much stress in the workplace. TR at 111. She stated that she has not seen any improvement in the individual's stress levels in recent months. TR at 111. She testified that she would like to support the individual "however I can" in coping with her depression. TR at 112.

H. *The Individual's Two Co-Workers*

The individual's first co-worker testified that he worked with the individual for about two years until she transferred to another position in 2006. He stated that she was always on time for work, and completed the work that he gave her very quickly. TR at 44. He stated that the individual's working situation was very stressful because her group leader was "a very tough person to work for." TR at 45. He stated that he thought that the individual did her best to handle a difficult workplace situation in a professional way. TR at 46. He stated that she always was friendly and appeared to be upbeat in the workplace. TR at 48.

The second co-worker testified that he has known the individual for about two and a half years. TR at 83. He stated that he and his work team know the individual "more on a social basis" than a work

basis because the individual's niece is on his team and the individual often is included when they go out to lunch. He stated that he has never observed the individual consume alcohol. TR at 85.

I. The Post-Hearing Letter from the EAP Counselor

In a letter dated January 3, 2007, the individual's EAP Counselor stated that the individual had seen him on at least six occasions seeking assistance in dealing with a hostile work environment.

> The work environment was contributing to her depression, however our focus was on workplace issues in hopes that as her situation improved so would her depression.

Letter at 1. He stated that he and the other EAP counselors would continue to function as a support system for her. *Id.*

IV. *ANALYSIS*

The individual believes that her present treatment program consisting of weekly or biweekly therapy with her psychiatrist, medication, and regular visits with her doctor will successfully treat her depression and other mental conditions. She asserts that this treatment coupled with the support of her doctors and family members will enable her to cope with any future emotional crisis arising from her mental conditions. She believes that her treatment program and her support system adequately address the Criterion (h) security concerns arising from her mental diagnosis and her 2005 suicide attempt. For the reasons stated below, I conclude that the individual's arguments and supporting evidence concerning her treatment program do not resolve the DOE's security concerns as of the date of the Hearing.

In the administrative review process, it is the Hearing Officer who has the responsibility for forming an opinion as to whether an individual with a diagnosed mental condition has mitigated the security concerns arising from the diagnosis. See 10 C.F.R. § 710.27. The DOE does not have a set policy on what constitutes mitigation of concerns related to mental conditions, but instead makes a case-by-case determination based on the available evidence. Hearing Officers properly give a great deal of deference to the expert opinions of psychiatrists and other mental health professionals regarding the mitigation of concerns related to mental conditions. *See, e.g., Personnel Security Hearing (Case No. TSO-0401)*, 29 DOE ¶ 82,990 at 86,877 (2006). At the Hearing, the DOE-consultant psychiatrist concluded that the individual still

appeared to be depressed and somewhat withdrawn from social contact with her extended family, but that had taken the appropriate action to deal with her depression and other mental conditions by entering into therapy with a psychiatrist, and by making changes to her medication. He stated that it was too early in her therapy to observe significant progress, and he predicted that it would take a year or more of psychotherapy to address her depression and other conditions.

The individual's psychiatrist essentially agreed with the DOE-consultant psychiatrist's recommendations for treatment and with his estimate of the time it would take to treat the individual's mental conditions. He stated that the individual appeared motivated to address her mental conditions and would require one to two years of committed therapy to address her personality issues. He also stated that it would take several months to alleviate the individual's symptoms of depression and anxiety through medication. He testified that the individual's reliability and good judgment were affected by her mental condition in the past, and that this could happen again in the future unless she commits herself to continuing ongoing therapy and to ongoing medical management of her symptoms.

I agree with the conclusions of the DOE-consultant psychiatrist and the individual's psychiatrist. My positive assessment of the individual's demeanor and of the evidence presented at the Hearing convince me that the individual has committed herself to ongoing therapy with her psychiatrist and to maintaining her regimen of medication. The testimony indicated that the individual can rely on the additional support and assistance of her husband, her EAP counselor, her sister, and her medical doctor if she experiences another severe depressive episode. These positive developments are all significant factors which indicate progress towards mitigating the security concerns arising from her diagnosed mental conditions and her December 2005 suicide attempt. However, I agree with the DOE-consultant psychiatrist and the individual's psychiatrist that the individual has not yet adequately addressed her mental conditions through psychotherapy or stabilized her depression and anxiety through medication.

Accordingly, I find that the individual has not yet progressed in her treatment to the extent necessary to resolve the DOE's security concerns. I do not believe that it would be appropriate to grant the individual an access authorization at this time.

V. *CONCLUSION*

For the reasons set forth above, I find that the individual was properly diagnosed with Major Depression, recurrent, in partial remission; Borderline Personality Disorder Traits; and hypothyroidism, treated, as set forth in the *DSM-IV TR,* and that these mental conditions are subject to Criterion (h). Further, I find that this derogatory information under Criterion (h) has not been mitigated sufficiently at this time. Accordingly, after considering all of the relevant information, favorable or unfavorable, in a comprehensive and common-sense manner, I conclude that the individual has not yet demonstrated that granting her access authorization would not endanger the common defense and would be clearly consistent with the national interest. The individual or the DOE may seek review of this Decision by an Appeal Panel under the regulation set forth at 10 C.F.R. § 710.28.

Kent S. Woods
Hearing Officer
Office of Hearings and Appeals

Date: March 12, 2007